



## BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226

SACRAMENTO, CA 94244-2260

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www.barbercosmo.ca.gov



## CERTIFICATION OF CHANGE OF ESTABLISHMENT ADDRESS WITHOUT PHYSICAL MOVE

*This is to notify the Board of Barbering and Cosmetology  
of a change in address for the establishment currently licensed at:*

(Please type or print legibly in ink)

Number & Street		City		Zip Code	
Name of Establishment		Establishment Owner's Name		Establishment License No.	
<p><b>This establishment has not been moved.</b> Both the establishment and the equipment contained therein are at the <b>same and exact location</b>. The street number and/or name of the street in the address of said establishment was changed by:</p> <p style="text-align: center;">(check one)      <input type="checkbox"/> Post Office      <input type="checkbox"/> City      <input type="checkbox"/> County</p>					
Changed To:	Number & Street				
	City				Zip Code
Name of Establishment		Establishment Owner's Name		Establishment License No.	
Certified By:	Signature of Postal Agent				
	On: Month		Day		Year
<p><b><i>I hereby certify under the penalty of perjury, under the laws of the State of California that the foregoing is true and correct.</i></b></p>					
<b>X</b> _____ Signature of Owner					_____ Date